



# REHvolution Services – New Client Holistic Assessment Questionnaire

*Please answer all questions honestly. All responses are confidential.*

---

## **Section 1: Medical & Family History**

1. Have you ever been diagnosed with a mental health condition (e.g. anxiety, depression, PTSD, bipolar, etc.)?
  - Yes, currently experiencing symptoms
  - Yes, in the past but currently stable
  - No
  - Prefer not to say
  
2. Are you currently taking any prescribed medication for mental health or physical conditions?
  - Yes
  - No
  - Occasionally (e.g., as needed)
  - Prefer not to say

3. Do you have any chronic physical health conditions (e.g. diabetes, asthma, chronic pain, epilepsy)?
- Yes
  - No
  - Not sure
4. Has anyone in your immediate family (parents, siblings) experienced mental health issues?
- Yes
  - No
  - Unsure
  - Prefer not to say
5. Have you ever experienced trauma (e.g., abuse, violence, significant loss, or serious accident)?
- Yes, recently
  - Yes, in the past
  - No
  - Prefer not to say
6. Have you previously attended therapy or counselling?
- Yes, group therapy
  - Yes, individual therapy
  - Both
  - No
7. Do you currently use alcohol or drugs (recreational or otherwise)?
- No
  - Yes, occasionally
  - Yes, regularly
  - In recovery
-

## Section 2: Lifestyle & Daily Habits

8. How would you rate your current diet?
- Very healthy and balanced
  - Fairly healthy
  - Inconsistent/unhealthy
  - Poor or disordered eating habits
9. How many meals do you eat on a typical day?
- 3 regular meals
  - 2 meals
  - 1 meal or less
  - It varies day to day
10. How many hours of sleep do you typically get per night?
- 7–9 hours
  - 5–6 hours
  - Less than 5 hours
  - Sleep is very irregular
11. Do you have difficulty falling or staying asleep?
- Frequently
  - Occasionally
  - Rarely
  - Never
12. How physically active are you?
- Daily exercise or active lifestyle
  - A few times per week
  - Rarely
  - Not at all

13. How would you describe your current stress level?

- Very high
- Moderate
- Low
- Very calm

14. How do you usually cope with stress?

- Exercise or healthy outlets
- Talking with others
- Avoidance or isolation
- Unhealthy habits (e.g., substance use)

15. Do you engage in any mindfulness, meditation, or relaxation practices?

- Yes, regularly
- Occasionally
- Rarely
- Never

16. Do you currently feel connected to a supportive social network (friends/family/community)?

- Very connected
  - Somewhat
  - Not really
  - Very isolated
-

### Section 3: Holistic Preferences & Interests

17. Are you open to exploring holistic or complementary approaches (e.g., meditation, breathwork, energy healing)?

- Yes
- Maybe
- No

18. Which of the following group therapy approaches would you be most interested in?

- Analytical/Explorative group (emotions, relationships, patterns)
- Psychoeducational group (skills-based, tools, techniques)
- A mix of both
- Not sure yet

19. What are your main goals for seeking therapy right now? (*Select all that apply*)

- Managing stress/anxiety
- Healing from past trauma
- Building self-esteem
- Improving relationships
- Finding meaning or purpose
- Learning emotional regulation skills
- Other: \_\_\_\_\_

20. Is there anything else you'd like us to know before starting therapy?

- Yes (please elaborate in the intake form)
  - No
-